

322130

# Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or Print in Ink.

39

SEE INSTRUCTIONS ON REVERSE

File original and one copy of this form with:  
Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467

And, if applicable, file one copy of  
this form with:  
The city or county officer, if any, who  
receives the committee's original  
campaign disclosure statements.

## Amendment

☐ Check box if an Amendment  
and enter I.D. number:

Date qualified as  
Committee: (Month, Day, Year)

☒ Check box if not yet qualified

Date Stamp

RECEIVED REC  
AND FILED  
In the Office of the Secretary of State  
of the State of California  
AUG 14 1992

MARCH FONG EU, Secretary of State

CALIFORNIA  
1991 FORM

410

A For Official Use Only

## I Committee Information

NAME OF COMMITTEE:

Friends of Ken Heffel  
for Lodi City Council

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

800 South Ham Lane San Joaquin  
CITY Lodi CA STATE ZIP CODE 95242

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

## II Treasurer and Other Principal Officers

NAME OF TREASURER

Ralph M. Winture

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

530 Geneva St.

CITY Lodi STATE CA ZIP CODE 95240 209

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

Keneth D. Heffel

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

## III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

☒ Yes (Complete the following) ☐ No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission

Statement of Organization  
Recipient Committee

Print in Ink.

STATEMENT OF ORGANIZATION

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Page 2

SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.

NAME OF COMMITTEE

Friends of Ken Heffel for Lodi City Council

**IV Broad Based Committee** (See definition and important information on reverse)

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) \_\_\_\_\_

**V Sponsored Committee** Is this a sponsored committee? ☐ Yes ☒ No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.)

If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR

ADDRESS OF SPONSOR

NO. AND STREET

CITY

STATE

ZIP CODE

**VI Primarily Formed Committee** If primarily formed to support or oppose specific candidates or measures, list specific candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

		CHECK ONE	
		SUPPORT	OPPOSE

**VII Committee's Primary Activity if Not Primarily Formed** If not supporting or opposing specific candidates or measures, see instructions on reverse and check

ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**VIII Disposition of Surplus Funds** You must specify what disposition will be made of surplus funds in the event of termination.

Surplus funds will be donated to Lodi Memorial Hospital Foundation

**IX Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>8/11/92</u> DATE	At <u>Lodi, CA</u> CITY AND STATE	By <u>Ralph M. Williams</u> SIGNATURE OF TREASURER
Executed on <u>8/10/92</u> DATE	At <u>Lodi, CA</u> CITY AND STATE	By <u>Ken Heffel</u> SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	At _____ CITY AND STATE	By _____ SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	At _____ CITY AND STATE	By _____ SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT